



DIVISION OF DEVELOPMENTAL DISABILITIES

NOTICE OF DISCHARGE

TO: CLIENT NAME AND ADDRESS

LEGAL REPRESENTATIVE NAME AND ADDRESS

Our records show that you have neither requested nor received services from the Division of Developmental Disabilities (DDD) in over one year and you have not been in contact with our office during that time period.

In addition, you did not respond to our letter dated _____ In which you were asked to contact us if you continue to be interested in DDD services. Based on these facts, we have determined that you no longer seek DDD services and that your eligibility for such services should be discontinued.

Based on this long-term inactivity, **you will be discharged from DDD 30 days after the date on this letter unless you contact me and ask to remain eligible for DDD.** Discharge from DDD results in termination of DDD eligibility, closure of your case, and deletion of your name from any DDD services waiting lists.

Once you are discharged from DDD, you may reapply at any time but will be required to submit a new application for eligibility and demonstrate that you continue to meet current eligibility requirements. Staff in our office will be available to assist you with a new application and will use the information in our current file that is relevant to your application.

You can reach me by telephone at _____

or by e-mail at _____

Sincerely,

cc: Client Representative
Client File